

GAU 2162\$

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/339,325
Filing Date	June 23, 1999
First Named Inventor	Yoav Shoham
Group Art Unit	2162
Examiner Name	Young, J.
Attorney Docket Number	3660P001X

Total Number of Pages in This Submission

54

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Technology Center 2100**ENCLOSURES (check all that apply)**☒ Fee Transmittal Form☒ Fee Attached☐ Amendment / Response☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Assignment Papers (for an Application)☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert a Provisional Application☐ Power of Attorney, Revocation Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals and Interferences☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify below):

Return Postcard.
 (Copies of 40 cited references enclosed.)
 Substitute for form 1449A/PTO.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Carol F. Barry, Reg. No. 41,600

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN

Signature

Date

July 13, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: **July 16, 2001**

Typed or printed name

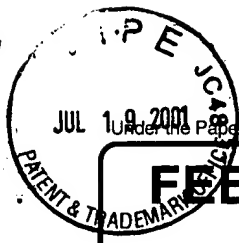
Azar Burnham

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FEE TRANSMITTAL for FY 2001 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/339,325
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	06/23/99
180.00		First Named Inventor	Yoav Shoham, et al.
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METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																																																																																																																																																																																																																																																																												
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEE																																																																																																																																																																																																																																																																																																												
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<table border="1"><thead><tr><th>Large Entity Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Code</th><th>Small Entity Fee (\$)</th><th>Fee Description</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple Dependent claim</td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>**Reissue independent claims over original patent</td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr><tr><td colspan="5">SUBTOTAL (2) (\$) 0.00</td></tr></tbody></table>		Large Entity Code	Large Entity Fee (\$)	Small Entity Code	Small Entity Fee (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	80	202	40	Independent claims in excess of 3	104	270	204	135	Multiple Dependent claim	109	80	209	40	**Reissue independent claims over original patent	110	18	210	9	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (2) (\$) 0.00																																																																																																																																																																																																																																																																														
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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Carol F. Barry, Reg. No. 41,600	Reg. Number	
Signature		Date	07/16/01
		Deposit Account User ID	02-2666

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